



FACTS ON ASSISTED SUICIDE

- » **Terminal prognoses are often wrong.** Many individuals outlive their diagnoses by months and even years. Assisted suicide legislation is discouraging and leads people to give up on treatment and lose good years of their lives.
- » **Assisted suicide is not popular.** Assisted suicide legalization has failed significantly more times than it has succeeded. There have been more than 140 legalization attempts in the past 20 years, yet only 3 states have actually legalized it through legislative or voter action.
- » **Opens the door to abuse of the elderly or infirm.** Once a lethal prescription is written, an abusive caregiver or relative who stands to inherit from the patient can pick it up and give it to the patient in food or drink. Since no witness is required at the time of death, who would know if the patient consented?
- » **Cheapens life.** If assisted suicide is made legal, it quickly becomes just another form of treatment. It will always be the cheapest option, especially in a cost-conscious healthcare environment. Two Oregon residents, Barbara Wagner and Randy Stroup, were each denied coverage for their cancer treatments but received letters from the Oregon Health Plan stating the plan would cover their assisted suicides.
- » **A threat to the most vulnerable.** Those living with disabilities or who are in vulnerable healthcare circumstances have justifiable concerns should assisted suicide become an option. Financial pressure, peer pressure, and even pressure from uncaring family members can be placed on these individuals to take the suicide option. In fact, nothing in the Oregon or Washington style laws can protect from explicit or implicit family pressures to commit suicide, or personal fears of "being a burden." There is NO requirement that a doctor evaluate family pressures the patient may be under, nor compel the doctor to encourage a patient to even notify their family.

- » **Bad data puts patients at risk.** Oregon's data on assisted suicide is flawed, incomplete, and tells us very little. The state does not investigate cases of abuse, and has admitted, "We cannot determine whether physician assisted suicide is being practiced outside the framework of the Death with Dignity Act." The state has also acknowledged destroying the underlying data after each annual report.¹
- » **"Safeguards" don't work.** Experience in Washington and Oregon has shown that the mental health and other safeguards are easily circumvented. Patients seeking a lethal prescription are not required to receive it from their attending physician and, thus, can "doctor-shop" to find someone who will. This is especially troubling for the families of patients diagnosed with depression.
- » **Can turn treatable depression deadly.** Most cases of depression among the terminally ill can be successfully treated. Yet, lethal prescription requests from terminally ill individuals are often based on fear and depression. Primary care physicians are not generally expert in diagnosing or treating depression, and nothing in the Oregon or Washington assisted suicide laws compels doctors to refer patients for evaluation by a licensed psychologist or psychiatrist to screen for depression or mental illness.
- » **An often painful death.** Barbiturates are the most common substances used for assisted suicide in Oregon and Washington, but barbiturates do not assure a peaceful death. Overdoses of barbiturates are known to cause distress and have associated issues like: extreme gasping and muscle spasms; vomiting and inhaling vomit while losing consciousness; panic and feelings of terror and assaultive behavior from the drug-induced confusion; failure of the drugs to induce unconsciousness; a number of days elapsing before death occurs; and sometimes death does not occur.
- » **A slippery slope.** Countries such as the Netherlands, where assisted suicide has been legal for decades, show that assisted suicide cannot be contained or limited to the terminally ill. (See Dr. Herbert Hendon commentary, click here: <http://www.psychiatrytimes.com/articles/commentary-case-against-physician-assisted-suicide-right-end-life-care>)

For more information visit www.HPACC.org

1. Dr. Katrina Hedberg, 9 December 2004, House of Lords, Select Committee on the Assisted Dying for the Terminally Ill Bill, Assisted Dying for the Terminally Ill Bill [HL], Volume II: Evidence, (London: The Stationery Office Ltd., 2005), 262.)